

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/597861

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
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23	1		1			
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26		1		1		
27		1		1		
28		5		1		
29	1		1			
30		1		1		
31		1		1		
32		4		1		
33		4		1		
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42		4		1		
43		4		1		
44		4		1		
45						
46						
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48						
49						
50						
TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	172	←	40	←		←
TOTAL CLAIMS	176		44			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						